



DEPARTMENT OF THE AIR FORCE

10TH MEDICAL GROUP
USAF ACADEMY, COLORADO 80840-4000

28 Aug 2002

MEMORANDUM FOR: _____, DDS
Street Address
City, State zipcode

FROM: _____ DS (OL-A)/SGD
Street Address
Base AFB State zip code

SUBJECT: Referred Dental Care for Active Duty Members

Dear Dr. _____,

Thank you for the interest you have shown in the _____ AFB Dental Treatment Facility Referred Civilian Dental Care program. As we discussed, you are one of a group of dentists in the our area to whom we intend to refer some of our active duty patients when our access to care exceeds standards.

Although the process is new for us, it has been used at many other military facilities for some time. The process appears to be straight forward and hopefully will allow us to expedite dental care for our active duty members while ensuring smooth processing of forms and timely payment to you.

We intend to refer patients to you for treatment of specific dental conditions, such as routine fillings. The referral paperwork will state specific tooth numbers, specific procedures and recommended restorative materials. Obviously, your clinical judgement is authorized to modify the treatment plan intra-operatively within limits. If, for example, caries are noted on an adjacent proximal surface or on an adjacent tooth, proceed with the indicated restoration(s). If additional teeth are restored that were not indicated on the initial referral you will need to notify us of this additional restoration and we will contact MMSO to authorize payment for that procedure. However, if a direct restorative restoration is authorized but clinical findings indicate undermined cusps and a crown would be the best long-term restoration, restore the tooth with an acceptable core build-up and request authorization for the crown from the Dental Flight Commander or designated representative at the _____ AFB Dental Clinic before discussing it with the patient. If you identify other conditions that need to be addressed, please fell free to contact us to discuss the condition and treatment.

As I said earlier, the process is quite straightforward:

- Our staff will provide the initial exam and write a referral for civilian dental care.



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- Our staff will contact your office to schedule an appointment for a specific service.
- Our staff will FAX the referral for civilian dental care to the MMSO at Great Lakes, IL (to notify them of the pre-authorization).
- Our staff will provide the MMSO Dental Information Sheet, the referral authorization, a copy of AF Form 603/603A, a health history, and pertinent radiographs to the patient.
- Our staff will provide the patient with directions to your office.
- Upon completion of the work specified in the referral, your office returns documentation to the _____ Dental Clinic for inclusion in the patient's military dental record. (You can write this on the bottom of the referral form, DD Form 2161.)
- Your office submits a signed and dated MMSO Dental Information Sheet along with a standard ADA Dental Claim form listing the tooth number, ADA procedure code number, itemized cost, and date of service. Mail claims to:

Military Medical Support Office
Attn: Dental Claims
PO Box 886999
Great Lakes, IL 60088-6999

Our intention is to provide high quality, timely service for our military members. Together we can achieve this objective. As we work through this process, please feel free to contact me if problems arise. Thank you again for offering to help provide care for our military personnel.

_____, Col, USAF, DC
_____, AFB Dental Flight
Commander